FORM D

valid OMB control number.

RECENET SOLOS SECURITI

7/5916 MMISSION

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

	OMB APPROVAL
OMB N	amber: 3235-0076
	April 30, 2008
	d average burden
hours pe	r response16.00

SEC USE ONLY					
Prefix	Serial				
DAT	E RECEI	VED			

Name of Offering ( check if this is an amendment and name has changed, and inc	licate change.)	
Limited Partnership interests in Baupost Limited Partnership 1983 C-1 Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506	Descript 460 DILLOR	
Type of Filing: New Filing \(\overline{A}\) Amendment	LI Section 4(6) LI OLOE	
	IFICATION DATA	
1. Enter the information requested about the issuer		05064164
Name of Issuer ( check if this is an amendment and name has changed, and indic Baupost Limited Partnership 1983 C-1	ate change.)	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Numbe	r (including Area Code)
c/o The Baupost Group, L.L.C., 10 St. James Avenue, Suite 2000	617-210-8300	PROCESSE
Boston, MA 02116 Address of Principal Business Operations (Number and Street, City, State, Zip Code	Telephone Numbe	r (including Area Code)
(if different from Executive Offices)		A115 3 7 200
Brief Description of Business Private Investment Fund		THOMSON
		- I GOLANCIAI
Type of Business Organization		Charles of a
☐ corporation ☐	ather (please specify):	ALIC 2 A 200F
☐ business trust ☐limited partnership, to be formed	other (please specify):	AUG 3 0 2005
Actual or Estimated Date of Incorporation or Organization:  Month Year  0 1 8		mated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service	abbreviation for State:	
CN for Canada; FN for other	er foreign jurisdiction) DE	
GENERAL INSTRUCTIONS		
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemp 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of sec	urities in the offering. A notice is de	eemed filed with the U.S. Securities and
Exchange Commission (SEC) on the earlier of the date it is received by the SEC at a due, on the date it was mailed by United States registered or certified mail to that ad		ed at that address after the date on which it is
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W.,	Washington, D.C. 20549.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of photocopies of the manually signed copy or bear typed or printed signatures.	which must be manually signed. An	y copies not manually signed must be
Information Required: A new filing must contain all information requested. Amend information requested in Part C, and any material changes from the information pretthe SEC.		
Filing Fee: There is no federal filing fee.		
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exenthat have adopted this form. Issuers relying on ULOE must file a separate notice with made. If a state requires the payment of a fee as a precondition to the claim for the be filed in the appropriate states in accordance with state law. The Appendix to the	th the Securities Administrator in eaexemption, a fee in the proper amount	ich state where sales are to be, or have been nt shall accompany this form. This notice shall
ATTE	NTION	
Failure to file notice in the appropriate states will not result in a loss of the fed	eral exemption. Conversely, failur	e to file the appropriate federal notice

will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently

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## A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: X Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) The Baupost Group, L.L.C. Business or Residence Address (Number and Street, City, State, Zip Code) 10 St. James Avenue, Suite 2000, Boston, MA 02116 ☐ Beneficial Owner ☐ Executive Officer ☐ General and/or Managing Partner Check Box(es) that Apply: Promoter ☐ Director Full Name (Last name first, if individual) Baupost Partners, L.L.C. Business or Residence Address (Number and Street, City, State, Zip Code) 10 St. James Avenue, Suite 2000, Boston, MA 02116 General and/or Managing Partner Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Managing Partner Check Box(es) that Apply: □Promoter ☐ Beneficial Owner ☐ Executive Officer Director Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ■ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter ☐ Executive Officer ☐ Director General and/or Managing Partner Check Box(es) that Apply: ☐ Beneficial Owner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer ☐ General and/or Managing Partner Check Box(es) that Apply: ☐ Promoter ☐ Director Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	•					B. INFO	RMATIO	N ABOU	T OFFER	LING					
1.	Has the	issuer sol	d, or does t	he issuer in	tend to sell,	to non-acc	redited inve	estors in thi	s offering?.					Yes	No ⊠
					A	Answer also	in Append	lix, Column	2, if filing	under ULO	E.				
2.	What is	s the minin	num investr	nent that w	ill be accep	ted from an	y individua	ı1?	·····				*****	\$ N/A	
3.	Does th	ne offering	permit join	ıt ownership	of a single	unit?	·····							———Yes	No
4.	remune person five (5) only.	eration for sor agent of persons to	solicitation f a broker o	of purchase r dealer reg re associate	person whers in conne eistered with ed persons c	ction with s the SEC a	sales of sec	urities in th a state or st	e offering. ates, list the	If a person name of the	to be listed e broker of	is an asso dealer. If	ciated more than		
N/A	anic (La	ist hanne in	ist, ii ilidiv	iduai)											
Busine	ss or R	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)								
Name	of Asso	ciated Bro	ker or Deal	er											
States	in Whic	h Person L	isted Has S	Solicited or	Intends to S	Solicit Purc	hasers							· lune is	
(	Check "	'All States'	or check in	ndividual S	tates)		************		••••••	**********		All State	s		
[ [ 	AL] IL] MT] RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]_	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [M\$] [OR] [WY]	[ID] [MO] [PA] [PR]		_
Full N	ame (La	ist name fi	rst, if indivi	idual)											
Busine	ess or Re	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)						-		
Name	of Asso	ciated Bro	ker or Deal	ег					<u> </u>		- <del>-</del>				
States	in Whic	h Person L	isted Has S	Solicited or	Intends to S	Solicit Purc	hasers	·- <u></u>							
(Check	k "All S	tates" or ch	neck individ	lual States)	•••••		••••••		•••••	•••••		All State	s		
]	AL] IL] MT] RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL.] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [M\$] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full N	ame (La	ist name fir	rst, if indivi	idual)											
Busine	ess or Re	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)								
Name	of Asso	ciated Bro	ker or Deal	er											
States	in Whic	h Person L	isted Has S	Solicited or	Intends to S	Solicit Purc	hasers								
(Checl	c "All S	tates" or ch	neck individ	dual States)			• · · · · • · · · · · · · · · · · · · ·		•••••	••••••		All State	s		
[]	AL] IL] MT] R]]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UTI	[CT] [ME] [NY]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WII	[HI] [MS] [OR]	[ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEED	S	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Pri		Amount Already Sold
	Debt	\$		\$
	Equity	\$		
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$		<b> </b> \$
	Partnership Interests	\$193,073,6	534	\$193,073,634
	Other (Specify)	\$		\$
	Total	\$193,073,0	534	\$193,073,634
	Answer also in Appendix, Column 3, if filing under ULOE.			<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number I	nvestors	Aggregate Dollar Amount of Purchases
	Accredited Investors	49		\$193,073,634
	Non-accredited Investors			\$
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			
	Type of offering	Type Secu		Dollar Amount Sold
	Rule 505			\$
	Regulation A			\$
	Rule 504			\$
	Total			\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		]	<b>\$</b>
	Printing and Engraving Costs	ď	]	\$
	Legal Fees	Ľ.	1	\$ 6,900
	Accounting Fees		]	\$
	Engineering Fees	ď	]	\$
	Sales Commissions (specify finders' fees separately)	d	]	\$
	Other Expenses (identify)	d	]	\$
	Total	Į. ⊠	3	\$ 6,900

•	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSI	ES AND USE OF PROCEE	os	
4.	b. Enter the difference between the aggregate offering price given in response to Part C - Quest expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross p issuer."			\$ 193,066,734
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be us the purposes shown. If the amount for any purpose is not known, furnish an estimate and check left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the forth in response to Part C - Question 4.b. above.	the box to the		
		Officers	Directors,	Payments To Others
	Salaries and fees	\$		□\$
	Purchase of real estate	\$		□\$
	Purchase, rental or leasing and installation of machinery and equipment			□\$
	Construction or leasing of plant buildings and facilities	\$		□\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□\$		□\$
	Repayment of indebtedness	\$		□\$
	Working capital			□\$
	Other (specify): Investments	\$		⊠ \$ 193,066,734
	Column Totals			☑ \$ 193,066,734
	Total Payments Listed (column totals added)		⊠ \$ 193,	066,734
	D. FEDERAL SIGNATURE			
n u	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this ndertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written accredited investor pursuant to paragraph (b)(2) of Rule 502.			
Iss Ba	suer (Print or Type) suppost Limited Partnership 1983 C-1	Date August 24	, 2005	
	ame of Signer (Print or Type) Title of Signer (Print or Type) Chief Financial and Administrative Office	er		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION